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Fax Transmission | March 31, 2003

TO: Commissioner for Patents
Attn: **Examiner George Wang**
Patent Examining Corps
Facsimile Center
Washington, D.C. 20231

FROM: **Steven C. Bruess**

OUR REF: 2316.1272US01
TELEPHONE: 612.336.4711

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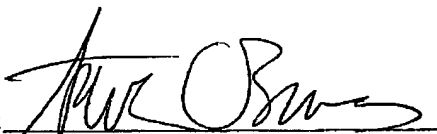
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Title of Document Transmitted:

**Communication to the Examiner, and
Copy of prosecution documents filed
January 17, 2003**

Applicant: **Zhang et al.**
Serial No.: **09/768,723**
Filed: **January 24, 2001**
Group Art Unit: **2882**
Our Ref. No.: **2316.1272US01**

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

By: 
Name: **Steven C. Bruess**
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SCB:pll

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Signature (Patricia L. Larrimore)

March 31, 2003
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: ZHANG ET AL.

Examiner: G. WANG

Serial No.: 09/768,723

Group Art Unit: 2882

Filed: JANUARY 24, 2001

Docket: 2316.1272US01

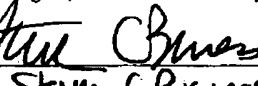
Confirmation No.: 1220

Due Date: JANUARY 19, 2003

Title: MEMS OPTICAL SWITCH ON A SINGLE CHIP AND METHOD

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on January 17, 2003.

By:
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Steven C. Bruess

Commissioner for Patents
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal Sheet in duplicate containing Certificate of Mailing
- ☒ Amendment Including Version With Markings To Show Changes Made
The fee has been calculated as shown below in the "Claims as Amended" table
- ☒ Request for Extension of Time for one month(s) and fee of \$110.00
- ☒ Check(s) in the amount of \$324.00 for additional claims fee
- ☒ Return postcard

CLAIMS AS AMENDED

Claims Remaining After Amendment		Highest Number Previously Paid For		Present Extra		Rate		Fee
Total Claims								
24	-	20	=	4	x	18.00	=	\$72.00
Independent Claims								
7	-	4	=	3	x	84.00	=	\$252.00
MULTIPLE DEPENDENT CLAIM FEE								\$50.00
TOTAL FILING FEE								\$324.00

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